

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 30 1951

REG. DIST. NO. 300

PRIMARY REG. DIST. NO. 4449 Registrar's No. 16

BIRTH NO. _____		REG. DIST. NO. 300		PRIMARY REG. DIST. NO. 4449		Registrar's No. 16	
1. PLACE OF DEATH a. COUNTY Reynolds				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Reynolds			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ellington		c. LENGTH OF STAY (In this place) 46		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ellington 0900			
d. FULL NAME OF HOSPITAL OR INSTITUTION Own Home				d. STREET ADDRESS (If rural, give location) e2			
3. NAME OF DECEASED (Type or Print) a. (First) Wilbur		b. (Middle) Carter M.		c. (Last) Buford		4. DATE OF DEATH (Month) (Day) (Year) Nov 7 51	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH July 20, 1905		9. AGE (In years last birthday) 46 IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Centerville, Mo		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Carter M. Buford		13b. MOTHER'S MAIDEN NAME Carrie Copeland		14. NAME OF HUSBAND OR WIFE Corinne Jane Buford			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) World War 2 496-30-3121		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Corinne Jane Buford Rt 300			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis INTERVAL BETWEEN ONSET AND DEATH 2 years ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4222				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 10/30, 1951, to 11/9, 1951, that I last saw the deceased alive on 11/9, 1951, and that death occurred at 9 p. m., from the causes and on the date stated above.							
23a. SIGNATURE T. T. O'Dell M.D.		(Degree or title)		23b. ADDRESS Ellington Mo		23c. DATE SIGNED Nov 10/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 10, 51		24c. NAME OF CEMETERY OR CREMATORY Ellington		24d. LOCATION (City, town, or county) (State) Ellington, Mo.	
DATE REC'D BY LOCAL REG. 11/19/51		REGISTRAR'S SIGNATURE Essie Evans 276		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas. S. Pruitt, Ellington			

WRITE PLAINLY--USING UNFAADING BLACK INK--MAKE A PERMANENT RECORD

900
1

DEC 28 1951
DEC 27 1951

RECEIVED

NOV 29 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Chas. S. Pruitt

Signed.....
Student Embalmer

Licensed Embalmer No. 4574

P. O. Address Ellington, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.